## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	-		
FEE DETERMINATION	WK		11-2-01
O.I.P.E. CLASSIFIER		111	4-24-01
FORMALITY REVIEW	Do	852	05-15-01
RESPONSE FORMALITY REVIEW	0		

## **INDEX OF CLAIMS**

	Rejected	N	Non-elected
=	Allowed	I	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷	Restricted	0	Objected	
Claim O Date	Claim	Date	Claim	Date
Final Original	Final Original		Final Original	
42 1	52		102	
3 // 1	53		103	
4	54		104	
5	55		105	
6	56		106	
7	57		107	
8	58		108	
9	59		109	
10	60		110	
11	61		111	
12 1/ (13) M	62		112	
13	63		113	
15	64		114	
16	66		115	
17	67		117	<del></del>
18	68		118	<del>-                                     </del>
	69		119	<del>- - - - - - -</del>
20'	70		120	<del></del>
21	71		121	<del></del>
22	72		122	<del></del>
23	73		123	
24,	74		124	
	75		125	
25 1	76		126	
27	77		127	
28	78		128	
29	79		129	
30	80		130	
31	81		131	
32	82		132	
33	83		133	
35	84		134	
36	86		136	
37	87	<del>                                     </del>	137	
38	88		138	<del></del>
39	89		139	
40	90		140	<del></del>
41	91		141	<del>-                                     </del>
42	92	<del> - - - - - - </del>	142	
43	93	<del>                                     </del>	143	
44	94	<del>                                     </del>	144	
45	95	<del> </del>	145	
46	96	<del>                                      </del>	146	
47	97		147	
48	98		148	
49	99		149	
50	100		150	

If more than 150 claims or 10 actions staple additional sheet here

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